



North Central London
Integrated Care Board

Dental Overview for Camden Health and Adult Social Care Scrutiny Committee

13 November 2023

In April 2023 the North Central London Integrated Care Board (NCL ICB), along with all ICBs, took over responsibility for the commissioning of Dental, Optometry and Community Pharmacy Services (collectively referred to as POD or DOP services).

Primary Dental Services are managed by the DOP Hub hosted by the North East London ICB on behalf of all London ICBs. The Hub is responsible for dealing with all matters related to the General Dental Services (GDS) Contract. The GDS is set nationally and local systems have no control over the terms of the contract. In addition, the workforce planning for Primary Dental Services is managed nationally by Health Education England. Working within these constraints the NCL ICB work closely with the Hub to increase access, capacity and skills in Primary Dental Services wherever we can.

Our Community Dental Services (CDS) are delivered by Whittington Health (see more detail on next slide) whilst our Secondary Dental Services are delivered by UCLH and Royal Free (with a combined budget of £31m/year for secondary services).

This paper focuses on the initial priorities the NCL ICB is seeking to address including with our Local Authority partners on our shared Oral Health improvement agenda.

We invite feedback from the Camden HASC on our principles and priorities for improving oral health in NCL.

Overview of the NCL Community Dental Services



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An overview of Community Dental Services (CDS) in NCL and across London is given below:

- London have 5 CDS Providers (Whittington Health, CLCH, Kent Community, Bromley Healthcare CIC and Kings College) with a total spend of £38.3m
- NCL's CDS Provider is Whittington Health who were awarded a 5+5 Year contract in 2017
- Services delivered by the NCL CDS include Paediatric Dental Services, Special Care Services (Adults) and Support to General Dental Practitioners (GDPs) which includes training in specialist skills
- The NCL CDS works closely with child development teams, special care schools, mental health teams, residential homes, day care centres and hospices, homeless centres, drugs and alcohol centres and other local health and social care providers
- All paediatric referrals are triaged via the CDS with the aim of ensuring as many as possible are treated out of hospital in a more appropriate setting where clinically appropriate
- Current waiting times for an initial appointment with the NCL CDS Service is ~8 Weeks but waiting lists for paediatric patients is growing due to ever increasing demand.

NCL ICB strategic principles for improving oral health



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The NCL ICB's principles for how we will seek to improve the oral health of our population are:

- We will improve health outcomes through integrated working with our partners (including Local Authorities), communities and providers around our shared objectives to improve oral health.
- We will reduce inequity of service provision through ensuring service consistency across NCL.
- We will work with our Regional and National partners to continually improve the capacity (including workforce) available within the NHS Primary Dental Services sector recognising the limitations placed on the NCL ICB and other ICBs around Workforce and the GDS Contract.
- We will tackle inequalities for those experiencing homelessness, asylum seekers, those in care settings and other communities experiencing poor oral health.
- We will have a special focus on improving paediatric oral health and the effective management and treatment of children and young people needing more specialist care.
- We will continue our support for rapid access to urgent treatment for those experiencing acute pain.

NCL ICB initial priorities for improving Oral Health



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Recognising the on-going work of the DOP Hub hosted by the NEL ICB on behalf of London, the NCL ICB has identified the following priorities for action and potential investment:

- **Targeted work to reduce waiting times for children and young people (CYP)** – this includes short term measures to reduce waiting lists in our CDS as well as outreach work into Primary Care to improve access to specialist skills where feasible.
- **Dental Care for people in Care Homes** – seeking an equitable and affordable solution for access problems for those in Care Homes (and potentially other Care Settings)
- **Improving Dental Care for people experiencing Homelessness** – to raise awareness of the ‘on the day’ access to urgent care support for those experiencing homelessness and providing an equitable offer for rough sleepers and asylum seekers
- **Giving Up Loving Pop (GULP) Pilot in Enfield** – working with schools in the 3 most deprived wards in Enfield to pilot an integrated oral health programme to reduce usage of sugary drinks
- **Oral Health Promotion** – forming a joint Oral Health network with Local Authority partners to coordinate our efforts in improving oral health including the ICB seeking to add investment to this important area

Working with London Partners



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The NCL ICB (via the DOP Hub) is working with our London wide partners on the following initiatives:

- Supporting a successful re-procurement of the Urgent Dental Hubs across London.
- Seeking to assess and potentially rollout Child Friendly Dental Practices if proven to be beneficial and affordable.
- Seeking to support the reestablishment of the 'Starting Well' initiative in NHS Dental Practices and making this part of business as usual.
- Supporting the implementation of Inclusion Health Practices proposal to improve the accessibility and appropriateness of provision for this population.

Questions for the Health and Adult Social Care (HASC) Scrutiny Committee



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The NCL ICB invites HASC to comment on any aspect of this presentation and particularly welcomes feedback on the following questions:

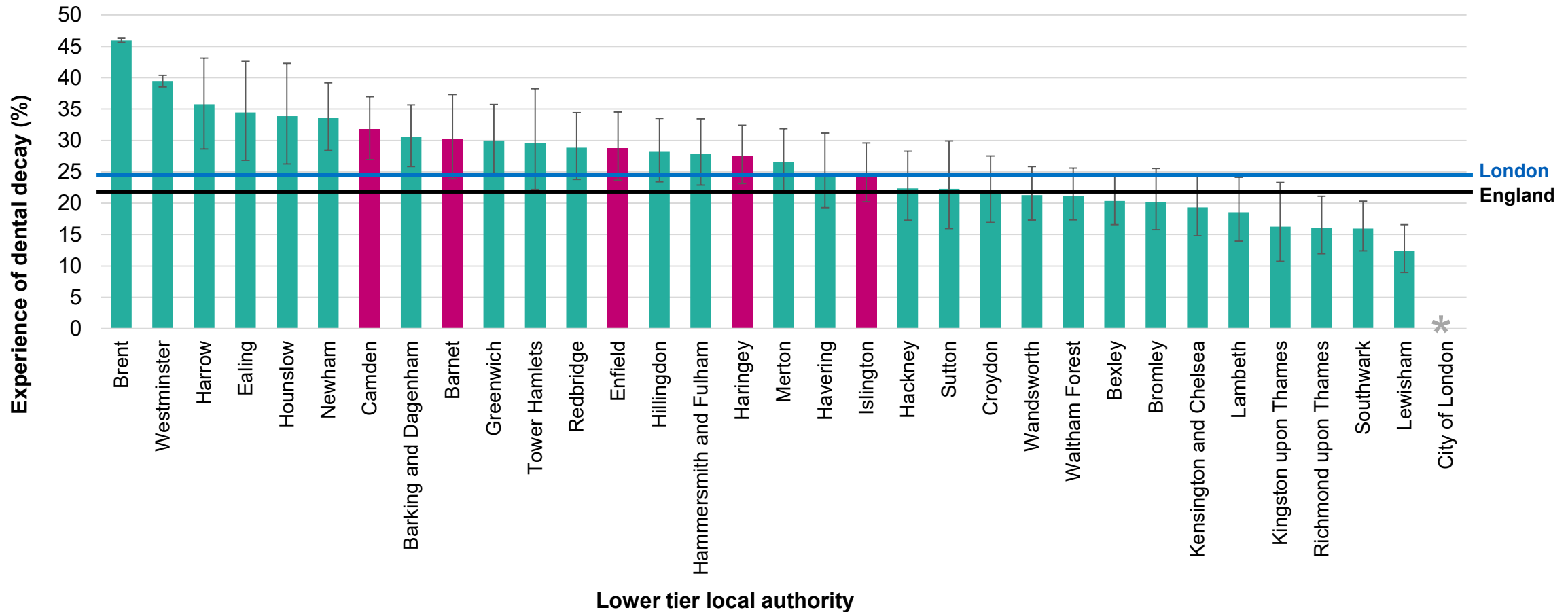
1. Are there any revisions that are felt we should make to the principles and priorities we have identified around oral health?
2. What data or information would the HASC wish to be provided with to aide any greater clarity of the challenges faced by our shared population around oral health?
3. What further assurances or review would the HASC like from the NCL ICB team on this matter?

Appendix

Selected data from the deep dive undertaken
by the NCL ICB into Oral Health

Prevalence of dentinal decay experience in 5-year-old children by local authority, 2022

- In 2022, 1 in 4 children aged 5 years in London had tooth decay experience, ranging from 46.0% in Brent to 12.4% in Lewisham (*National Dental Epidemiology Programme 2022*).



*Note 2022 NDEP data was not available for City of London in 2022.

Deprivation & Oral Health in Paeds

- In 2020-21, episode rates of children aged 0-19 years being admitted to hospital for caries-related tooth extraction was more than three times higher in those in the most deprived quintiles (177) compared to the least deprived areas (56).
- In 2020, children living in the most deprived areas (deciles) of the country were almost 3 times as likely to have experience of dental decay (16.6%) as those living in the least deprived areas (5.9%).

Chart 4: Episode rate per 100,000 IMD quintile population of tooth caries-related tooth extractions in hospital for children aged 0-19 years for 2020-21 (n=14,645)

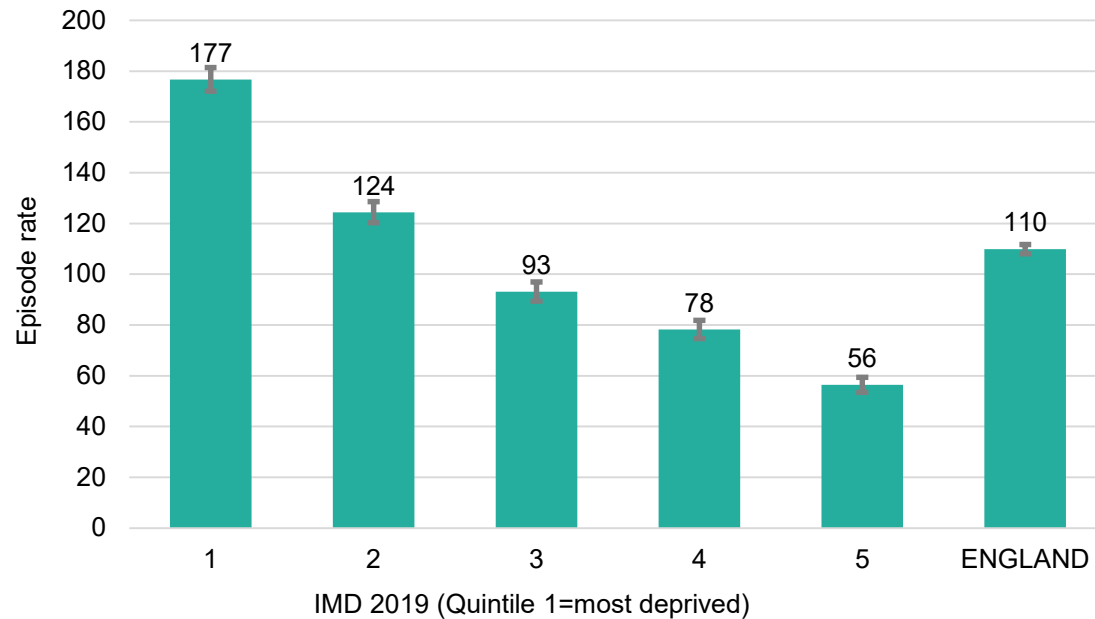
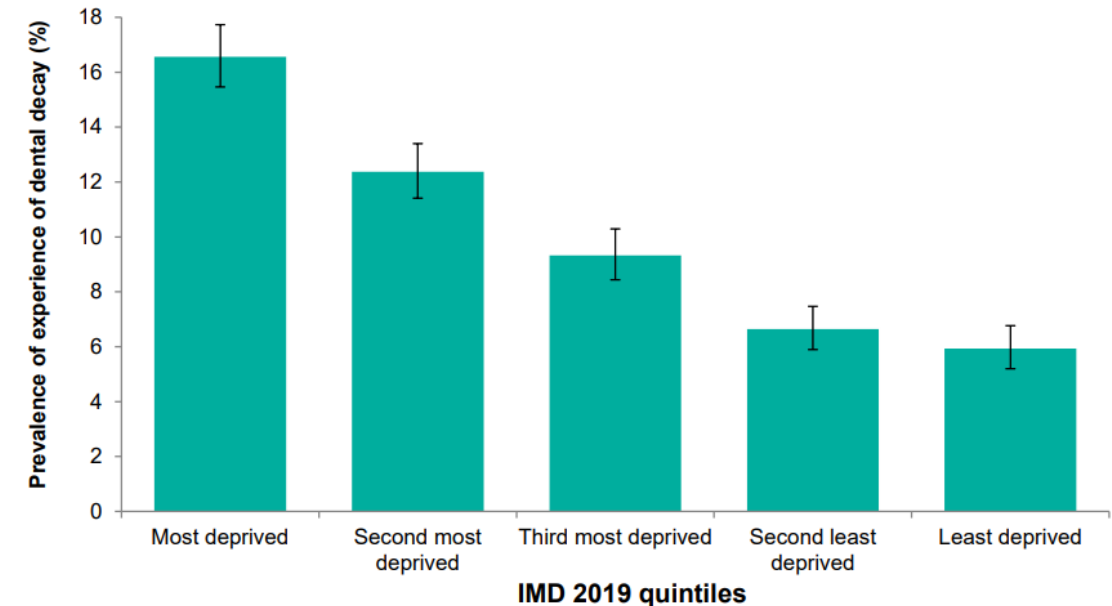


Figure 16: Prevalence of experience of dental decay in 3-year-olds in England, 2020 by national Index of Multiple Deprivation (IMD) 2019 quintiles.

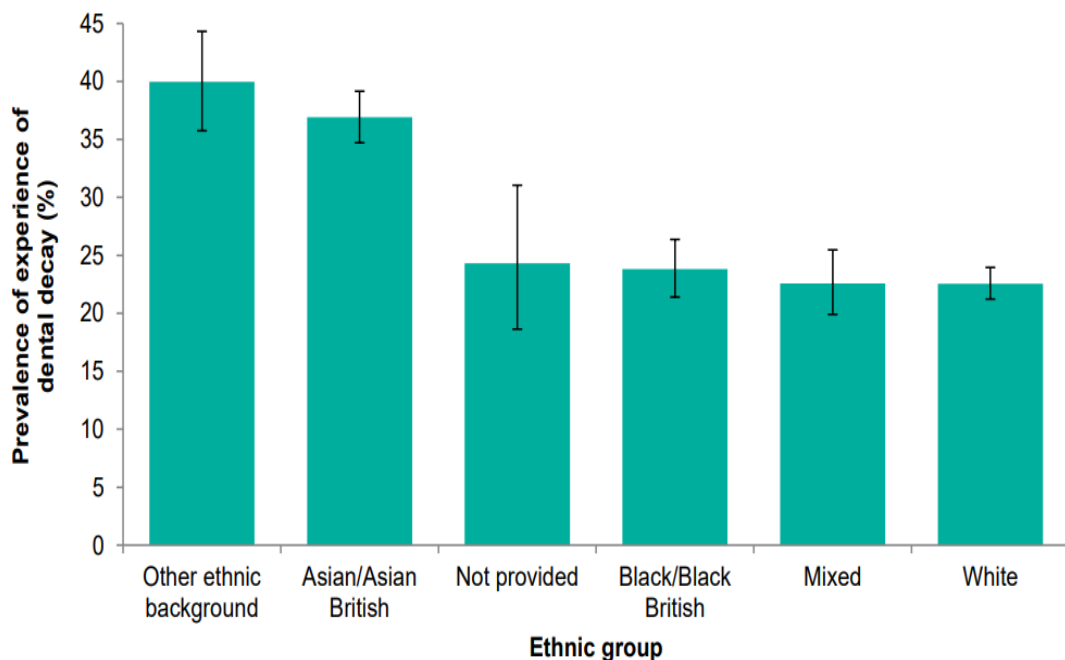


Note: error bars represent 95% confidence limits.

Ethnicity & Oral Health in Paeds

- In 2019, prevalence of experience of dental decay amongst 5-year old children in London varied by ethnic group: it was significantly higher in the Other ethnic group (20.9%) and the Asian and Asian British ethnic group (18.4%) than other groups.

Figure 5: Prevalence of experience of dental decay in 5-year-olds in London, by ethnic group.



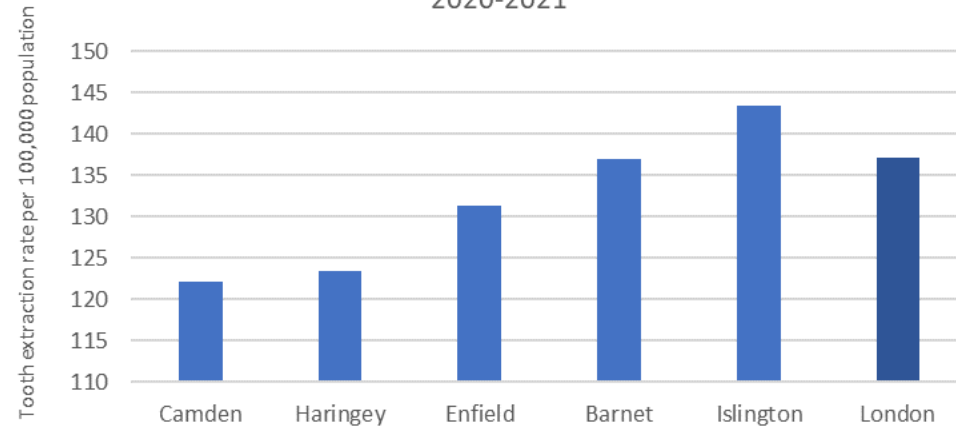
Error bars represent 95% confidence limits

Table 3: Experience of dental decay in 5-year-olds in London, by ethnic group.

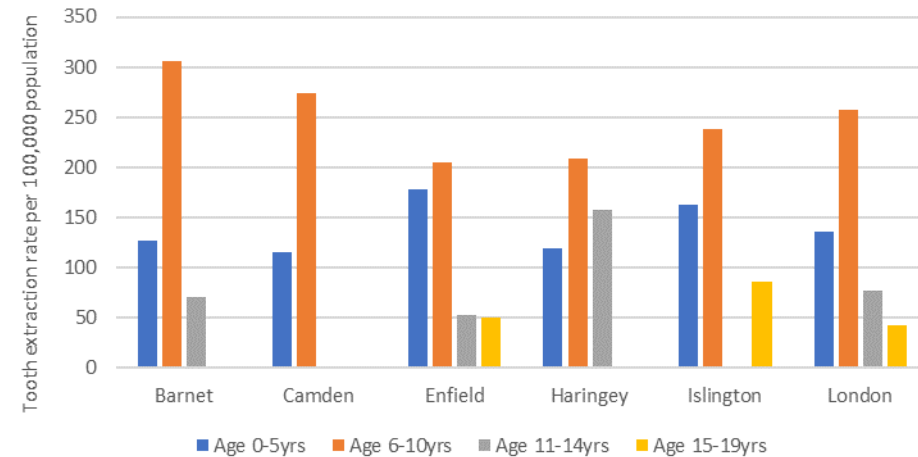
Ethnic group	Number of children examined (N)	Prevalence of experience of dental decay (%)	Mean number of teeth with experience of dental decay among children with any experience of dental decay n (95% CI)	Prevalence of dental decay affecting incisors (%)
Other ethnic background	498	40.0	3.8 (3.42 - 4.18)	13.1
Asian/Asian British	1,807	36.9	3.7 (3.48 - 3.92)	14.1
Not provided	181	24.3	2.6 (1.92 - 3.30)	6.1
Black/Black British	1,126	23.8	3.0 (2.69 - 3.26)	6.0
Mixed	864	22.6	3.3 (2.93 - 3.69)	6.6
White	3,590	22.6	3.3 (3.12 - 3.51)	5.8
London	8,066	27.0	3.4 (3.30 - 3.53)	8.2

Paediatric Admissions for Oral Health Issues

Finished Consultant Episode (FCE) tooth extraction rate with caries as primary diagnosis per 100,000 target population aged 0-19 total - NCL boroughs compared to London, 2018-2019 to 2020-2021

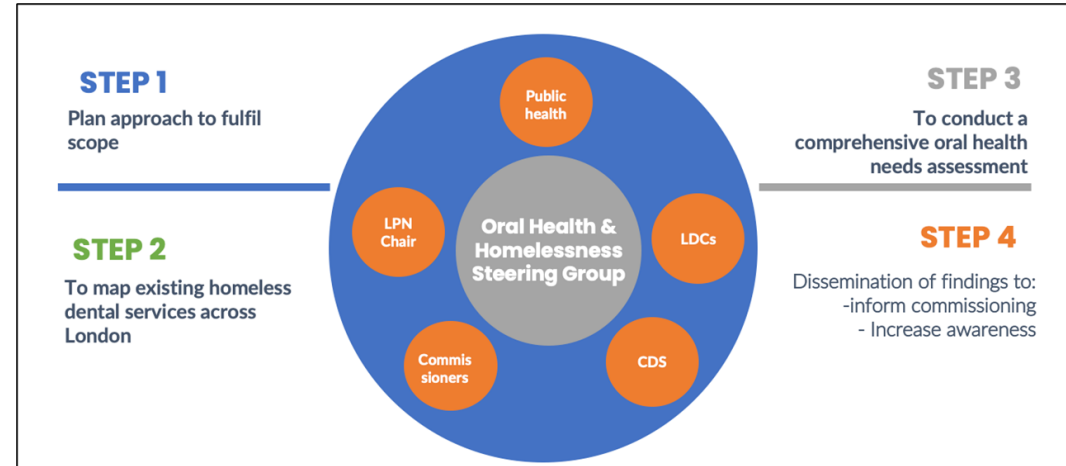


Finished Consultant Episode (FCE) tooth extraction rate with caries as primary diagnosis per 100,000 target population by 5 year age bands- NCL boroughs compared to London, 2018-2019 to 2020-2021



- This data from the Hospital Episode Statistics (HES) dataset, starting from 2018 to 2019 and finishing at 2020 to 2021, includes inpatient care figures from NHS hospitals across England.
- Nationally, tooth extraction is the most common reason for admission to hospital for 5-9 year olds and the sixth most common procedure in hospital for children under 5 years of age.
- Children have extractions carried out in hospital mainly because they need general anaesthetic for the procedure. They may be very young or uncooperative, have multiple teeth requiring extraction or have very broken-down teeth or infection.
- The waiting list for paediatric dentistry is high currently for NCL patients.
- Across London, 'Project Tooth fairy' has been set up to help clear the backlog for treatment under general anaesthetic for children and young people through making use of vacant theatre capacity where it existed in Barts and taking referrals from across London.

Oral Health in the Homeless Community



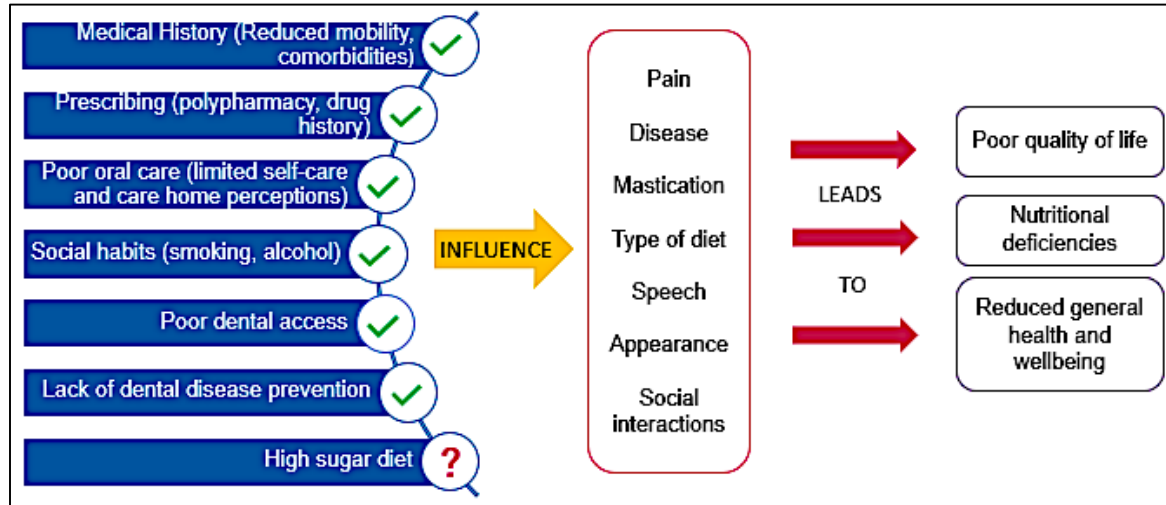
The following health behaviours were recorded for the Homeless population following a survey.

- 55% of respondents had high sugar intake (compared to 50% of the general, adult population)
- 46% of respondents brushed twice a day, (compared to 75% of the general, adult population)
- 62% of respondents smoked (compared to 13.8% in the general, adult population)

There are currently 4 bespoke community dental services providing dental care to those experiencing homelessness mainly in inner London with limited provision in NHS dental practices. Following the findings from a comprehensive oral health needs assessment and the current intake of refugees and asylum seekers accommodated in hotels, a business case has been drafted to pilot health inclusion dental practices in London. The aim of health inclusion dental practices is to improve access to NHS dental services and build on existing oral health promotion to tackle oral health inequalities and improve oral health outcomes. An options appraisal has been completed and working with public health and commissioning and clinical providers to support the co-development, delivery and evaluation of a 12-month pilot (the pilot has not yet started due to the need to secure funding).

Oral Health of Older People

- As the population is ageing, the oral health needs are changing, with a shift from an older population which had no natural teeth to one that is largely dentate and has more complex dentistry in place.
- In the 2009 Adult Dental Health Survey, 53% of people surveyed over the age of 85 years had natural teeth, with an average of 14 teeth
- As people age, the changes in patterns of self care, increased frequency of sugar intake and reduced salivary flow means they are higher risk of dental diseases
- Oral and general health intrinsically linked with poor oral health in older people linked to CVD, Pneumonia and food choices / malnourishment
- There are differences between older people in care and community dwelling, with those in care having increased levels of disease and poorer oral health
- As dementia progresses there is an increase in decayed teeth, gum disease, pain and oral pathology, resulting in eating, nutritional and swallowing problem



Oral Health Promotion Initiatives in NCL



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- **Providers** – 4 of 5 local authorities commission oral health promotion (OHP) services from Whittington Health. The exception is Barnet, who commission their services from Solutions4Health.
- **Level of investment** - The size of the oral health promotion service contracts vary across the 5 local authorities.
- **Children vs adults** – 3 of 5 local authorities commission OHP services for children and adults. The exceptions are Barnet and Haringey: Barnet's contract is children and young people focussed; Haringey's contract is predominantly for children, but their OHP team do some targeted work in residences for people with learning disabilities, which also covers adults. In all local authorities the contracts are weighted towards young children.
- **Fluoride varnish** – 4 of 5 local authorities commission targeted school-based/nursery fluoride varnish programmes. The exception is Barnet. Fluoride varnish is available in dental practices as part of routine appointments – the intention of community-based applications is to reach groups less likely to attend the dentist.

These programmes are targeted by need (e.g. levels of free school meals); provide 2x applications for each child (evidence-based intervention); sign-post children with evidence of decay to dental services; there is some variety across the programmes as to the size of the programme e.g. number of schools reached and year groups covered.

- **Toothbrushing** – 4 of 5 local authorities commission supervised toothbrushing programmes. The exception is Enfield.

These programmes are targeted by need (e.g. nurseries in deprived wards); there is some variety across the programmes as to the age group targeted - some are early years-settings based, others school-based. Although not part of Barnet's routine OHP contract they received money as part of the NCL Health Inequalities Fund for their toothbrushing programme.

Oral Health Promotion Initiatives in NCL (Cont'd)

- **Other child oral health promotion commissioned work includes:**

- All local authorities**

- Oral health training for staff working with children e.g. in early years and schools settings, health visitors, school nurses, staff working with looked after children
 - Some general oral health sessions at early years settings, nurseries and schools for parents, staff and children, although there is a move away from this in line with national guidance and focussing resource more towards training of other staff to deliver these sessions.

- Some local authorities**

- All except Barnet have delivery of 'brushing for life' toothbrush and toothpaste packs at child development reviews (by Health Visitors) or via children's centres as part of their contract; this is something that the previous healthy child provider in Barnet was doing and there is still some limited provision, but the team are reviewing how to improve coverage.
 - In Haringey, Camden and Islington there is some oral health promotion work provided in special schools.

- **Embedding oral health in wider children's work:**

As well as commissioning oral health promotion services, oral health benefits are realised from wider public health programmes of work, taking a common risk factor approach e.g.:

- Water only schools – providing water as the only drinking option in schools
 - Healthy schools programme – with focus areas around healthy eating
 - Core part of the healthy child programme (delivered by Health Visitors and School Nurses)
 - Breastfeeding promotion and healthy weaning.

Oral Health Promotion Initiatives in NCL (Cont'd)



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- **Adult oral health promotion commissioned work includes:**
 - Camden, Islington and Enfield commission work with care homes e.g. training of staff, oral health promotion, distribution of high fluoride toothpaste and ensuring oral health support is in care homes' contracts.
 - In Camden and Islington OHP teams are also commissioned to do some general OHP work (e.g. training, events, provision of toothbrushing packs etc.) with a range of other vulnerable adult groups e.g. people experiencing homelessness, drug and alcohol service users, people with mental illness and adults with special education needs
 - In Enfield, OHP teams support vulnerable adults through training of staff and parents/carers looking after vulnerable adults and those with disabilities and learning difficulties.

Diabetes & Oral Health

- There is a reciprocal relationship between oral health and general health with improvements leading to improved oral and general health of the population.
- High quality evidence that type 2 diabetes is a risk factor for periodontitis, so people with diabetes are more likely to have gum disease.
 - People with Type 2 Diabetes are 3X more likely to experience periodontal conditions.
 - People with Type 1 are also more at risk.
- Evidence that in people with type 2 diabetes, periodontal therapy can reduce HbA1c (a marker of glycaemic control) at 3-4 months which might mean the patient does not need a second diabetes medication.
- People with periodontitis have relatively higher levels of HbA1c, and so may be more likely to develop non-diabetic hyper glycaemia (NDH) and type 2 diabetes.

